

Children's Dental Services

Preventive Services

	Is the service Covered?					
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	
Cleanings	Х			2 x year		
Fluoride treatments (including fluoride varnishes)	Х			2 x year	D1206 max age = 6	
Sealants (list any tooth-specific limits)	Х			1 x every 5 years	limited to permanent first and second molars. 5 to 15 years of age.	
Space maintainers	Х				maximum age 10	

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Diagnostic Services

	Is th	Is the service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Recommended age of first visit?
Dental examinations	-					
	Х			2 x year		Eruption of first tooth
X-Rays						
Bitewing	X			3 x year		
Full Mouth	Х			1 x every 3 years		
Panoramic	Х			1 x every 3 years		

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Treatment Services

	Is the service Covere		red?			
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Fillings						
Silver amalgam	Х					
Tooth colored composite	Х					
Crowns/tooth caps				-		
Stainless steel crowns	Х					
Metal (only) crowns		X				
Metal/porcelain crowns		Х				
Porcelain (only) crowns		X				
Root Canals (endodontics)		-		-		
Root canals on baby teeth (pulpotomies)	X					
Root canals on permanent teeth		Х				
Gum (periodontal) therapy						
	Х				Limited to scaling and root planning once every 2 years and gingivectomy for drug or hormonal induced hyperplasia	

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	Is th	Is the service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Dentures						
Partial dentures		Х				
Complete dentures		Х				
Bridges		Х			Only provided for cleft palate stabilization or medical necessity due to seizures, etc.	
Orthodontics*				-		
Retainers (orthodontic)		X				
Braces		X				Limited to severe "physically handicapping malocclusions" as defined by guidelines published by the DOH
Oral surgery						
Simple extractions	Х					

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	Is the service Cover		red?			
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Surgical extractions	X				PA is required if more than 6 surgical extractions (D7210) are done within 365 days. All impactions require prior approval.	
Care of abscesses	X					
Cleft palate treatment	Х				generally covered under the medical program	
Cancer treatment	Х				generally covered under the medical program	
Treatment of fractures	Х					
Biopsies	Х					
Treatment of jaw joint problems (TMJ)		•				
	Х				Limited to surgical treatment or occlusal guards (D9940)	
Emergency room services provided by	a dentist					
	X					
Inpatient Hospital Services						
	X					

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	Is th	Is the service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Anesthesia						
General anesthesia	X					Providers must be certified with the NYS Department of Education
Intravenous conscious sedation	X					Providers must be certified with the NYS Department of Education
Non-intravenous conscious sedation	X					Reimbursable only for services provided in an Article 28 facility and payable through APG.
Analgesia (nitrous oxide)			Х			

^{*} When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).

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